



COLLIN COUNTY IN-HOME FIRE PREVENTION INSPECTION APPLICATION



BUSINESS

BUSINESS NAME	ADDRESS	CITY	ZIP	PHONE
OWNER NAME	ADDRESS	CITY	ZIP	PHONE
# OF EMPLOYEES	HOURS OF OPERATION	AGES LICENSED TO CARE FOR	# LICENSED TO CARE FOR	ADULT OR CHILD
DATE OF LAST INSPECTION	PERFORMED BY:			

FOSTER CARE / ADOPTION

WORK PHONE

APPLICANT NAME	ADDRESS	CITY	ZIP	HOME PHONE
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DATE OF LAST INSPECTION: _____ PERFORMED BY: _____

NOTE: Our office will contact you to schedule a time for the inspection upon receipt of your request.